



सत्यमेव जयते

## HIGH COMMISSION OF INDIA

DHAKA ( BANGLADESH )



### Visa Application Form



BGDDW4744F23

Paste your unsigned  
recent color photograph.  
Size: 2" X 2"

Signature

<b>A. Personal Particulars (As in Passport)</b>				
Surname (As in Passport)		RAHMAN		
Given Name (As in Passport)		MD MOJIBUR		
Previous/other Name if any		Not Applicable		
Gender	MALE	Marital Status	MARRIED	
Date of Birth	01-JAN-1974	Religion	ISLAM	
Place of Birth Town/City	CHAPAINAWABGANJ	Country of Birth	BANGLADESH	
Citizenship /National ID No	4636716237	Educational Qualification	ILLITERATE	
Visible identification marks		NONE		
Current Nationality	BANGLADESH	Nationality by Birth/ Naturalization	BY BIRTH	
Any Other Previous/Past Nationality		Not Applicable		
<b>B. Passport Details</b>				
Passport No.	A04594362	Date of Issue ( dd/mm/yyyy )	08-SEP-2022	
Place of Issue	CHAPAINAWABGANJ	Date of Expiry ( dd/mm/yyyy )	07-SEP-2032	
Any other Passport/Identity Certificate held (if yes ,please fill in the following)			NO	
Country of Issue		Place of Issue		
Passport/IC No.		Date of issue (dd/mm/yyyy)		
Nationality/Status				
<b>C. Applicant's Contact Details</b>				
Present Address	SHIBGANJ, SHAHAPARA-6342, SHAHAPARA CHAPAINAWABGANJ, BANGLADESH 6342	Phone No		
		Mobile /Cell No	8801715390061	
		Email address	MAHIDURR90@GMAIL.COM	
Permanent Address	SHIBGANJ, SHAHAPARA-6342, SHAHAPARA CHAPAINAWABGANJ			
<b>D. Family Details</b>				
Relation	Name	Nationality	Prev. Nationality	Place/Country of Birth
Father's	MD KOYES UDDIN	BANGLADESH		CHAPAINAWABGANJ BANGLADESH
Mother's	MST LALMON BIBI	BANGLADESH		CHAPAINAWABGANJ BANGLADESH
Spouse	MST REHENA BEGUM	BANGLADESH		CHAPAINAWABGANJ BANGLADESH
Were your Grandfather/Grandmother(Paternal/Maternal) Pakistan Nationals Or belong to Pakistan held area : NO				



MD MOJIBUR RAHMAN

Web Registration Date : 06-NOV-2023 Application Id : BGDDW4744F23

<b>E. Details of Visa Sought</b>		(Visa shall be valid from the Date of Issue and not from the Date of Journey)	
Type Of Visa Required	MEDICAL VISA	No of Entries	MULTIPLE
Period of Visa ( Month)	36 Month	Expected Date of Journey	20-NOV-2023
Port Of Arrival	BY ROAD MAHADIPUR	Port of Exit	BY ROAD MAHADIPUR
<b>Required Detail of MEDICAL VISA</b>			
Hospital Name	NARAYANA HOSPITAL - RN TAGORE HOSPITAL, MUKUNDAPUR		
Address	PREMISES NO: 1489, MUKUNDAPUR MAIN ROAD, 124,		
Doctor Name	DR DEBABRATO BERA		
Phone/Fax			
Details	HEART DIESEASE		
Purpose of Visit : FOR PATIENTS			
<b>F. Previous Visit Details</b>			
Have You Ever visited India ?	YES		
Address where You stayed in India	MURSHIDABAD, SUTI THANA		
Cities in India Visited	MURSHIDABAD, SIKKIM		
Type of Visa	TOURIST VISA	Visa Number	VL7431944
Visa Issued Place	RAJSHAHI	Date of Issue	24-NOV-2022
Countries visited in last 10 years			
Have you been refused an Indian Visa or extension of the same previously or deported from India ? NO			
<b>G. Profession/Occupation Details :</b>			
Present Occupation	FARMER	Designation/Rank	
Employer name/business	SELF		
Employer Address Phone Number	SHAHAPARA, SHIBGANJ, CHAPAINAWABGANJ		
Past occupation if any			
Are/have you worked with Armed forces/ Police/ Para Military forces ?			NO
Organization		Designation	
Place of Posting		Rank	
<b>H. Address of Place of Stay / Hotel</b>			
Place/Hotel Name	Address of Place / Hotel	State	Phone No
1	MD MORSHED ALI VILL: DEBIPUR, PO: JAGTAI MURSHIDABAD WEST BENGAL. 9434411588,		
2	. ,		
3	. ,		
4	. ,		
<b>I. Details of Two Reference</b>			
In India		In BANGLADESH	
Name	MD MORSHED ALI	MD MAHIDUR RAHMAN	
Address	VILL: DEBIPUR PO: JAGTAI MURSHIDABAD WEST BENGAL	SHAHAPARA, SHIBGANJ, CHAPAINAWABGANJ	
Phone Number	9434411588	01715390061	
<b>K. DECLARATION</b>			
a. I do not hold any other passport(s) other than those detailed above.			
b. I have read and understood all the conditions for the visit to India and I am willing and able to abide fully by them.			
c. I declare that the information given in the form is complete and correct and the visit to India will be undertaken for the purpose indicated in the application.			
d. I understand that in case the information provided in the form is found to be incorrect, I will be liable for denial of visit/ entry or deportation and/ or other penalties during the visit as provided by Indian law.			
e. I will also submit hard-copy all the uploaded documents along with the print of application to submit to the concerning Indian Mission or Agency for processing of visa application.			

06-NOV-2023

Date : .....

Applicant's signature (as in Passport)

Biometric Enrollment is not required till 01/11/2027.

Application Id : BGDDW4744F23